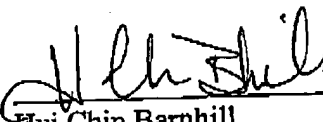


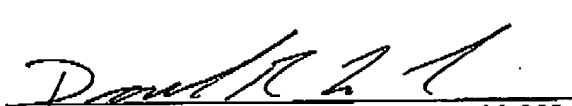
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I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted on the date indicated below via facsimile to the United States Patent and Trademark Office, facsimile number (571) 273-8300.

Date: August 26, 2005
Hui Chin BarnhillIn re application of: **Tsai et al.**Confirmation No.: **5392**U.S. Serial Number: **10/618,498**Art Unit: **3652**Filing Date: **July 11, 2003**Examiner: **Adams, Gregory**Our Reference Number: **252011-1520**Title: **Load Port Transport Device**

**Amendment and Response to Office Action with RCE
Amendment Transmittal Form
RCE Transmittal Form
Credit Card Authorization Form (Amount: \$990.00)**

Total Pages Transmitted (including cover sheet) - 14

AMENDMENT TRANSMITTAL LETTER (LARGE)				Docket No. 252011-1520	
Applicant(s): Huang et al.					
Serial No. 10/618,498	Filing Date July 11, 2003	Examiner Adams, Gregory	Confirmation No. 5392	Group Art Unit 3652	
Invention: Load Port Transport Device					
Commissioner for Patents Mail Stop Amendment P.O. Box 1450 Alexandria VA 22313-1450				RECEIVED CENTRAL FAX CENTER AUG 26 2005	
Transmitted herewith is Amendment and Response to Office Action with RCE in the above-identified application. The fee has been calculated and is transmitted as shown below					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	13 -	22 =	0	X \$50.00	\$0
INDEP. CLAIMS	4 -	3 =	1	X \$200.00	\$200
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$180.00	\$0
EXTENSION FEE	1 ST MONTH <input type="checkbox"/> \$120.00	2 ND MONTH <input type="checkbox"/> \$450.00	3 RD MONTH <input type="checkbox"/> \$1,020.00	4 TH MONTH <input type="checkbox"/> \$1,590.00	\$
Other Fees: RCE					\$790
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$990
<input type="checkbox"/> No additional fee is required. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. A duplicate copy of this page is enclosed. <input checked="" type="checkbox"/> A Credit Card Payment Form PTO-2038 is attached in the amount of \$990.00. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.					
 Daniel R. McClure, Reg. No. 38,962			Aug 26, 2005 Date		